## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 570 825

APPLICANT(S)

FILING DATE 3606

**CLAIMS** 

	AS FILED		AFTER 1 AMENDMENT		AFTER 2 ** AMENDMENT				AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT	
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TOTAL CLAIMS			<sup>2</sup>					TOTAL CLAIMS						
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